

PART B - FEE(S) TRANSMITTAL

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9355 7590 08/17/2007

JACQUELINE E. HARTT, PH.D.
ALLEN, DYER, DOPPELT, MILBRATH & GILCHRIST. P.A.
P.O. BOX 3791
ORLANDO, FL 32802-3791

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(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/623.279

07/18/2003

Fabian Haischmann

0090096

2408

TITLE OF INVENTION: DEVICE FOR RINSING A BODY CAVITY

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional

YES

\$700

\$300

\$0

\$1000

11/19/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
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WITCZAK, CATHERINE

3767

604-119000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address for Change of Correspondence Address form PTO/SB/122 attached.

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1. Allen, Dyer, Doppelt,
Milbrath & Gilchrist, P.A.
2.
3.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

W.O.M. World of Medicine AG

Germany

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

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☒ Publication Fee (No small entity discount permitted)

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☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Jacqueline E. Hartt

Date 10/19/2007

Typed or printed name

Jacqueline E. Hartt, Ph.D.

Registration No. 37845

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